

No. 2
12-45
17-39
K47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2417**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 24 2007 Utah Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET LYDIA ~~SNYDER~~ Schneider

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife PETE 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MARCH 11, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 11 29 hr. min.

9. Birthplace Millstadt, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home
Name Campfield

Birthplace unknown 9
(City, town, or county) (State or foreign country)

Maiden name unknown 9
(City, town, or county) (State or foreign country)

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Snyder Schneider
(b) Address 2007 Utah Street

17. (a) burial (b) Date thereof 3-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Illinois

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAR 10 1948 (b) J. A. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1948 hour 2:05 minute _____ a. M.

21. I hereby certify that I attended the deceased from Mar 1
1948, to Mar 8 1948
that I last saw he alive on Mar 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to acute myocardial infarction 24hr

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury 0

23. Signature J. A. Bredeck (M. D. or other) M.D.
Address 2752 Cherokee Date signed 3-10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed:.....

C. W. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

9301 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

State File No. 10696
Local Registrar's No. 2417

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of 194....., before me appears.....

....., who, upon oath, states that the original record of birth
for Margaret Lydia Schnader ^{died} 3-10-48 ^{born}, 19....., in the State of
Missouri, and which was filed at on 19..... should be corrected as follows:

Item No. 3 should read Margaret Lydia Schnader

Instead of..... Snyder

Item No. 16^a should read Peter Schnader

Instead of.....

Item No. should read

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant McLaughlin Furred Home
Relationship.

H. J. Harris
Present Address
230 E. Fayette

Subscribed and sworn to before me this 4 day of Dec 1945

My Commission expires 3-4-53 Cedric Johnson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

